



## Application for a Water Right Permit

Cabin Owner

For Ecology Use  
(Date Stamp)



Follow the attached instructions. Attach additional sheets as necessary.

- ☐ GROUND WATER ☒ SURFACE WATER  
☐ PERMANENT ☐ SHORT TERM ☐ TEMPORARY  
☐ DROUGHT

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

### Section 1. APPLICANT

#### I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Doug & Lynette Hammarstrom	Phone No: 509-966-4454	Other No: 509-945-1528
Address: 471 Bline Rd.		
City: Yakima	WA	98908
Email Address (if available): apples1978@wabroadband.com		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Douglas & Lynette Hammarstrom	509-966-4454	Other No: 509-945-1528
Address: 471 Bline Rd.		
City: Yakima	State: WA	Zip: 98908
Email Address (if available): apples1978@wabroadband.com		

For Ecology Use	APPLICATION NO: 54-35659	SEPA: Exempt/Not Exempt
Fee Paid: <input checked="" type="checkbox"/>	Check No: <input checked="" type="checkbox"/>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 11-18-2013 By <input checked="" type="checkbox"/> WRIA: 38 YAKIMA
Pre-application interviewer:		



## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Briefly describe the purpose of your proposed project: Cabin - domestic water supply

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Domestic Water Supply	.01			
<b>TOTAL:</b>				

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: <u>Webb Spring &amp; Stream</u>	Well diameter & depth: _____
Tributary to: _____	Number of proposed points of withdrawal: _____
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____



**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	1/4	1/4	Section	Township	Range	County
			12	16	12	Yakima
Lot(s)	Block(s)		Subdivision			
Approx Tract #8 Goose Prairie Home Tracts						
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.						
Parcel No.	1/4	1/4	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Lot 1 of Roots Subdivision of Block 8 of Fife's Goose Prairie Home Tracts according to the official Plat thereof on file and of record in the office of the auditor of Yakima County, Washington						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
		12	16	12	Yakima	12161211473

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: application #11155, Permit #8274  
Certificate #4908. Also says Vol. 1147 1602

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



### Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Already existing

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

#### A.) Domestic Water Systems only

Projected number of connections to be served: 1

Type of connections: cabin  
(e.g., home, recreational cabin)

#### B.) Municipal Water Systems only (defined under RCW 90.03.015)

Present population to be served water:  
\_\_\_\_\_

Estimate future population to be served:  
\_\_\_\_\_ (20 year projection)

#### C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ NO

If yes, date plan was approved \_\_\_\_/\_\_\_\_/\_\_\_\_ Water System Number: \_\_\_\_\_

Name of water system: \_\_\_\_\_

Are you within the service area of an existing water system? ☐ YES ☒ NO

If yes, explain why you are unable to connect to the system: \_\_\_\_\_



## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: \_\_\_\_\_

\_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☒ NO

### Other Proposed Farm Uses

Describe all proposed uses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: \_\_\_\_\_

## Section 8. OTHER WATER USES

### Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

### Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_

\_\_\_\_\_



## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Douglas L. Hammarstrom

Print Name

(Applicant or authorized representative)

Douglas L. Hammarstrom

Signature

11-17-13

Date

Lynette Hammarstrom

Print Name

(Legal Owner or Part Owner Place of Use)

Lynette Hammarstrom

Signature

11-17-13

Date

Douglas L. Hammarstrom

Print Name

(Legal Owner or Part Owner Place of Use)

Douglas L. Hammarstrom

Signature

11-17-13

Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.  
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

